

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Blood Banks
Managed Care Plans

Memorandum No: 05-116 MAA

Issued: December 15, 2005

Supersedes: 05-37 MAA

From: Douglas Porter, Assistant Secretary
Health Recovery Services Administration
(HRSA)

For Information Call:
800.562.3022

Subject: Blood Bank Services: Coding and Fee Schedule Changes

Effective for dates of service on and after January 1, 2006, the Health Services Recovery Administration (HRSA) will implement all of the following:

- Changes to Current Procedural Terminology (CPT™) codes
- Changes to Healthcare Common Procedure Coding System (HCPCS) Level II codes
- Changes in the maximum allowable fees

Coding Changes Effective January 1, 2006:

Deleted Code(s)	Replacement Code(s)		Deleted Code(s)	Replacement Code(s)
90780	90760 & 90765		Q0187	J7189
90781	90761,90766-90768		Q2022	J7188
90782	90772		Q9941	J1566
90783	90773		Q9942	J1566
90784	90774		Q9943	J1567
J1563	J1566-J1567		Q9944	J1567
J1564	J1566-J1567			

New Codes	New Codes
86923	J1566
86960	J1567

Maximum Allowable Fees

HRSA has updated the Blood Bank Services fee schedule with Year 2006 RVUs and clinical laboratory fees.

Billing Instructions Replacement Pages

Attached are updated replacement pages 13-18 for HRSA's current *Blood Bank Services Billing Instructions*.

Bill HRSA your usual and customary charge.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WaMedWeb at <http://wamedweb.acs-inc.com>

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** www.prt.wa.gov (Orders filled daily.)
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Health and Recovery Services Administration*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Blood Bank Services

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee
86903	Blood typing, antigen screen	10.82
86904	Blood typing, patient serum	10.89
86905	Blood typing, RBC antigens	4.00
86906	Blood typing, Rh phenotype	8.52
86920	Compatibility test	BR
86921	Compatibility test	BR
86922	Compatibility test	BR
86923	Compatibility test	BR
86927	Plasma, fresh frozen	BR
86930	Frozen blood prep	BR
86931	Frozen blood thaw	BR
86932	Frozen blood freeze/thaw	BR
86940	Hemolysins/agglutinins, auto	9.40
86941	Hemolysins/agglutinins	13.87
86945	Blood product/irradiation	BR
86950	Leukocyte transfusion	3.70
86960	Volume reduction, each unit	BR
86965	Pooling blood platelets	BR
86970	RBC pretreatment	BR
86971	RBC pretreatment	BR
86972	RBC pretreatment	BR
86975	RBC pretreatment, serum	BR
86976	RBC pretreatment, serum	BR
86977	RBC pretreatment, serum	BR
86978	RBC pretreatment, serum	BR
86985	Split blood or products	BR
86999	Transfusion procedure	13.12
87340	Hepatitis B surface ag, eia	11.83
87390	HIV-1 ag, eia	20.21
87391	HIV-2 ag, eia	20.21
87449	Ag detect nos, eia, mult	13.74
88240	Cell cryopreserve/storage	NC
88241	Frozen cell preparation	NC

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT5 codes and descriptions are copyright 2004 American Medical Association.

(Rev: 12/15/05, Eff: 1/1/2006)

- 13 -

Memo #05-116 MAA

Fee Schedule
Radiology and Laboratory Services
Denotes Changes

Immune Globulins and Immunizations

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee
90281	Human Ig, IM	NC
90283	Human Ig, IV	NC
90287	Botulinum antitoxin	NC
90288	Botulism Ig, IV	NC
90291	CMV Ig, IV	NC
90296	Diphtheria antitoxin	NC
90371	Hep B Ig, IM	118.24
90375	Rabies Ig, IM/SC	64.90
90376	Rabies Ig, heat treated	68.91
90378	RSV Ig, IM, 50mg	621.18
90379	RSV Ig, IV	NC
90384	Rh Ig, full-dose, IM	NC
90385	Rh Ig, mini-dose, IM	NC
90386	Rh Ig, IV	NC
90389	Tetanus Ig, IM	NC
90393	Vaccinia Ig, IM	NC
90396	Varicella-zoster Ig, IM	110.41
90399	Immune globulin	NC
90760	IV infusion, hydration, initial, up to 1 hour	38.15
90761	IV infusion, hydration, ea additional hour, up to 8 hrs	12.04
90765	IV infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hour	46.78
90766	IV infusion, for therapy, prophylaxis, or diagnosis, ea additional hour, up to 8 hours	15.44
90767	Additional sequential IV infusion, for therapy, prophylaxis, or diagnosis, up to 1 hour	25.66
90768	Concurrent IV infusion, for therapy, prophylaxis, or diagnosis	14.76
90772	Injection, SC/IM	11.13
90773	Injection, intra-arterial	11.58
90774	Injection, IV, single or initial substance/drug	34.97
90780	IV infusion therapy, 1 hour deleted 1/1/06 (see 90760 and 90765)	54.73

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2004 American Medical Association.

Blood Bank Services

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee
90781	IV infusion, additional hour <i>deleted 1/1/06</i> (see 90761 and 90766-90768)	15.22
90782	Injection, SC/IM <i>deleted 1/1/06</i> (see 90772)	11.36
90783	Injection, intra-arterial <i>deleted 1/1/06</i> (see 90773)	11.36
90784	Injection, IV <i>deleted 1/1/06</i> (see 90774)	23.16
99001	Specimen handling	Bundled
99090	Computer data analysis	Bundled
99195	Phlebotomy	23.39

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2004 American Medical Association.

(Rev: 12/15/05, Eff: 1/1/2006)

- 15 -

Memo #05-116 MAA

Fee Schedule
Processing of Blood Derivatives
Denotes Change

Processing of Blood Derivatives

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee
P9010	Blood (whole), each unit	\$55.11
P9011	Blood (split unit), specify amount	BR
P9012	Cryoprecipitate, each unit	26.20
P9016	Leukocyte poor blood, each unit	45.53
P9017	Plasma, fresh frozen, each unit	47.82
P9019	Platelet concentrate, each unit	BR
P9020	Platelet, rich plasma, each unit	BR
P9021	Red blood cells (RBC), packed cells, each unit	66.64
P9022	Washed RBC, washed platelets, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	BR
P9031	Platelets, leukocytes reduced, each unit	BR
P9032	Platelets, irradiated, each unit	BR
P9033	Platelets, leukocytes reduced, irradiated, each unit	BR
P9034	Platelets, pheresis, each unit	BR
P9035	Platelets, pheresis, leukocytes reduced, each unit	BR
P9036	Platelets, pheresis, irradiated, each unit	BR
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	BR
P9038	Red blood cells, irradiated, each unit	BR
P9039	Red blood cells, cryoprecipitated, each unit	BR
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	BR
P9041	Infusion, albumin (human), 5%, 50 ml	14.54
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	14.54
P9044	Plasma, cryoprecipitate reduced, each unit	BR
P9045	Infusion, albumin (human), 5%, 250 ml	55.10
P9046	Infusion, albumin (human), 25%, 20ml	14.54
P9047	Infusion, albumin (human), 25%, 50ml	55.10
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	29.10
P9050	Granulocytes, pheresis, each unit	BR

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2004 American Medical Association.

Injectable Drugs and Anti-Hemophilic Factors

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	\$721.41
J1460	Injection, gamma globulin, intramuscular, 1 cc	11.63
J1470	Injection, gamma globulin, intramuscular, 2 cc	23.27
J1480	Injection, gamma globulin, intramuscular, 3 cc	34.88
J1490	Injection, gamma globulin, intramuscular, 4 cc	46.53
J1500	Injection, gamma globulin, intramuscular, 5 cc	58.16
J1510	Injection, gamma globulin, intramuscular, 6 cc	69.86
J1520	Injection, gamma globulin, intramuscular, 7 cc	81.35
J1530	Injection, gamma globulin, intramuscular, 8 cc	93.06
J1540	Injection, gamma globulin, intramuscular, 9 cc	104.80
J1550	Injection, gamma globulin, intramuscular, 10 cc	166.33
J1560	Injection, gamma globulin, intramuscular, over 10 cc	116.25
J1563	IV immune globulin deleted 1/1/06 (see J1566-J1567)	42.04
J1564	Immune globulin 10 mg deleted 1/1/06 (see J1566-J1567)	0.42
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg (Respigam only)	16.18
J1566	Immune globulin, powder	22.22
J1567	Immune globulin, liquid	28.36
J1670	Injection, tetanus immune globulin, human, up to 250 units	90.80
J2597	Inj desmopressin acetate	2.58
J2790	Injection, Rho D immune globulin, human, one dose package	88.40
J2792	Injection, Rho D immune globulin, intravenous, human solvent detergent	13.66
J7188	Injection, Vonwillebrand factor, IU	0.87
J7189	Factor VIIA, per mcg	1.04
J7190	Factor VIII	0.66
J7191	Factor VIII (porcine)	1.86
J7192	Factor VIII recombinant	1.06
J7193	Factor IX non-recombinant	0.89

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2004 American Medical Association.

Blood Bank Services

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee
J7194	Factor IX complex	0.68
J7195	Factor IX recombinant	0.99
J7197	Antithrombin III injection	1.66
J7198	Anti-inhibitor	1.30
Q0187	Factor VIIA (coagulation factor, recombinant) per 1.2 mg <i>deleted 1/1/06</i> (see J7189)	\$1,227.51
Q2022	Von Willebrand Factor Complex per IU <i>deleted 1/1/06</i> (see J7188)	0.87
Q9941	IV immune globulin lyophil 1G <i>deleted 1/1/06</i> (see J1566)	42.04
Q9942	IV immune globulin lyophil 10 mg <i>deleted 1/1/06</i> (see J1566)	0.42
Q9943	IV immune globulin non lyophil 1G <i>deleted 1/1/06</i> (see J1567)	55.93
Q9944	IV immune globulin non lyophil 10mg <i>deleted 1/1/06</i> (see J1567)	0.56
J3490	Unclassified Drug	Acquisition Cost



Note: Claims billed with unlisted drug code J3490 *must* include the National Drug Code (NDC), the strength, and the dosage of the drug given, in the Comments section of the HCFA-1500 claim form.

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2004 American Medical Association.